

**NEBRASKA DEPARTMENT OF AGRICULTURE**  
**APPLICATION FOR AERIAL PESTICIDE BUSINESS LICENSE**



**Bureau of Plant Industry, Pesticide Program, P.O. Box 94756, Lincoln, NE 68509-4756**  
**(877) 800-4080**

**APPLICANT INFORMATION**

Company or Last Name		First Name	M.I.	Date
Mailing Address				
City		State	ZIP	
Phone		Social Security Number (for individuals)		
Full names of all partners or members of corporation, or principle officers of the corporation				
Location of Principle Operation (Address or GPS coordinates or airport identifier or legal description)				
Location of Secondary Operations (Address or GPS coordinates or airport identifier or legal description)				
If sole proprietor, are you a citizen of the United States?  YES <input type="checkbox"/> NO <input type="checkbox"/>			If not a citizen of the U.S., you must provide your USCIS /alien resident number  _____	
FAA Part 137 Certificate Number:		FAA Commercial Pilot Certificate Number:		NDA Pesticide Applicator License Number:
FAA Aircraft Registration Numbers for all aircraft owned, rented or leased				
<i>All licensed businesses located outside the state of Nebraska must designate a resident agent, or designate the Secretary of State as that agent.</i>		Name and address of resident agent:		I hereby designate the Nebraska Secretary of State as my resident agent. (sign if accepting)
An annual license fee of \$100 shall accompany this application. The fee is due and payable at the time of application, and the license will not be issued until such payment is made to the NDA. Payment can be made by check, cash or credit card. If by credit card, please provide the following information:				
Type of card (Visa or Mastercard only) _____		Card Number _____ - _____ - _____ - _____		
Date of expiration (month and year) _____		Name of card holder _____		
Signature of person submitting application		Office Use Only: Date application received: Payment made:		

**PILOTS WORKING FOR BUSINESS LICENSE HOLDER**

*Please list all required information for all listed individuals*

Full Name	Phone ( )
Mailing Address	FAA Commercial Pilot Certificate Number: NDA Pesticide Applicator License Number:
Aircraft Registration Number if not listed under license holder:	
Dates of commencement and termination of service for license holder:	

**PILOTS WORKING FOR BUSINESS LICENSE HOLDER (LICENSE #: )**

*Please list all required information for all listed individuals*

Full Name		Phone ( )
Mailing Address		FAA Commercial Pilot Certificate Number:
		NDA Pesticide Applicator License Number:
Aircraft Registration Number if not listed under license holder:		
Dates of commencement and termination of service for license holder:		

Full Name		Phone ( )
Mailing Address		FAA Commercial Pilot Certificate Number:
		NDA Pesticide Applicator License Number:
Aircraft Registration Number if not listed under license holder:		
Dates of commencement and termination of service for license holder:		

Full Name		Phone ( )
Mailing Address		FAA Commercial Pilot Certificate Number:
		NDA Pesticide Applicator License Number:
Aircraft Registration Number if not listed under license holder:		
Dates of commencement and termination of service for license holder:		

Full Name		Phone ( )
Mailing Address		FAA Commercial Pilot Certificate Number:
		NDA Pesticide Applicator License Number:
Aircraft Registration Number if not listed under license holder:		
Dates of commencement and termination of service for license holder:		

Full Name		Phone ( )
Mailing Address		FAA Commercial Pilot Certificate Number:
		NDA Pesticide Applicator License Number:
Aircraft Registration Number if not listed under license holder:		
Dates of commencement and termination of service for license holder:		